

Name
in
Full

Minthie

Beckett

3/23/XXIII

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Kleg Isrange		County Worcester		MARYLAND	
Date of death	1906	Month Mar	Day 29	Age 1	Years 1	Months 3	Days 15
Sex	Female		Color or Race			Birth- place	Kleg Isrange
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Charlie T Beckett		Father's Birthplace	" "
Mother's Maiden Name				Annie Douglas		Mother's Birthplace	" "
Name of person giving In formation				"		How related to deceased	"

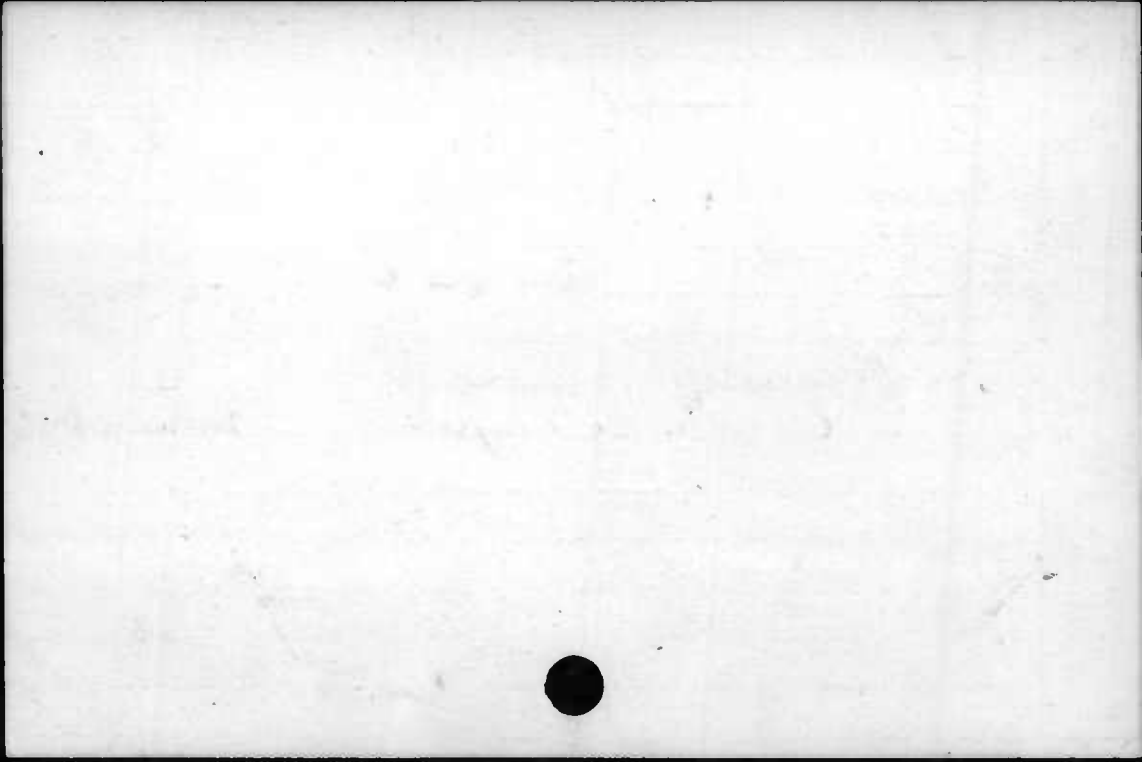
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Spasms		How long	5 mo
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Address		
Henry J Beckett		Kleg Isrange Md		
Accident or Suicide?				



Name in Full James Bowen		CERTIFICATE OF DEATH	
Died at Berlin Town		County Worcester	
Date of death 1904 Month March Day 3		Years 63 Months Days	
Sex Male Color or Race White		Birthplace Maryland	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed Single		Name of Wife or Husband Lorah Bowen	
Father's Name James Bowen		Father's Birthplace Maryland	
Mother's Maiden Name Annie Cropper		Mother's Birthplace	
Name of person giving information Emma Cropper		How related to deceased Sister-in-law	
CAUSES OF DEATH			
Primary Epilepsy		How long	
Immediate Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. P. Henry	
		Address Berlin Md	
Accident or Suicide?			



Name
in
Full

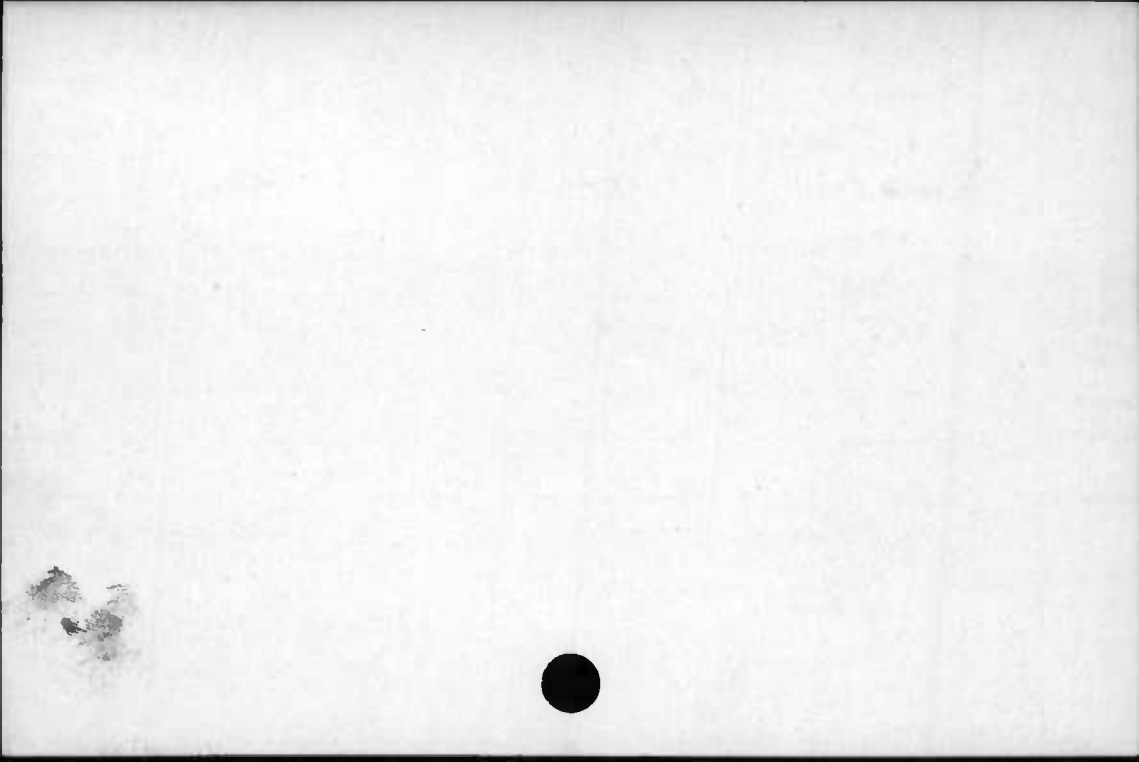
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wilbourn</u> Town <u>Worcester</u> County		MARYLAND	
Date of death <u>1906</u> Month <u>March</u> Day <u>8</u> Age <u>2</u> Years <u>1</u> Months <u>2</u> Days <u>1</u>	Sex <u>Female</u> Color or Race <u>colored</u>	Birth-place <u>Wilbourn</u>	Occupation <u>—</u>
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>	
Father's Name <u>Calvin Brown</u>		Father's Birthplace <u>Va</u>	
Mother's Maiden Name <u>Elizabeth Fields</u>		Mother's Birthplace <u>Mid</u>	
Name of person giving information <u>Denny J. Bishop</u>		How related to deceased <u>uncle</u>	

CAUSES OF DEATH

Primary <u>Indigestion</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. D. Dickerson</u>
	Address <u>Strook and Worcester Co.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

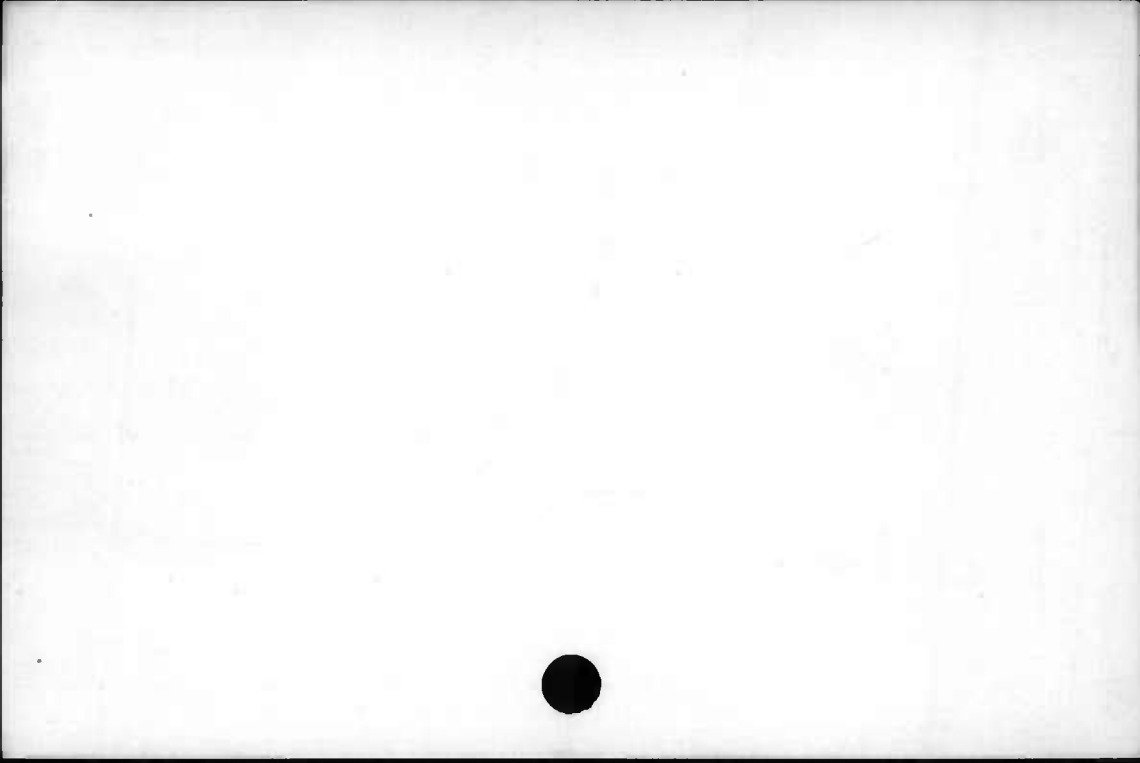
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Burbage</i>				County <i>Wor.</i>		MARYLAND	
Died at <i>New Newark</i>		Town <i>New Newark</i>		County <i>Wor.</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>6</i>	Age <i>17</i>	Years	Months	Days <i>14</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Wor. Co.</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>						
Father's Name <i>M. Burbage</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Elizabeth</i>	Mother's Birthplace <i>4</i>						
Name of person giving information <i>L. W. H. Burbage</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>8 weeks</i>
Immediate <i>Appendicitis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dawson</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide?	



Ellen B. Daniel

Town

County

MARYLAND

Died at

Ocean City

Month 3 Day 5 Age 68 Y. — M. — D. — Native of Baltimore Occupation Lady

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living None

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Softening of brain

About 1 year

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

137
135

Name
in
Full

Moose Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Neare Whaley Mill*County *Worcester*

MARYLAND

Date of death *1904* ^{Month} *March*Day *1*Years *21* Ago

Months

Days

Sex *Male*Color or Race *Black*Birthplace *Mayland*Occupation *Labor*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Jahus Smith*Father's
Birthplace*Mayland*Mother's
Maiden Name*Lizzie Dennis*Mother's
Birthplace*Mayland*Name of person giving
In formation*Jahus Smith*How related
to deceased*7th Street*

CAUSES OF DEATH

Primary

Consumption

How long

a few months

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Eli Hollander*

Address

Barber

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Rebecca Dennis

MARYLAND

Died at ^{Town} Libertytown ^{County} WorcesterDate of death 1906 ^{Month} 3 ^{Day} 20 ^{Age} 70 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Philmore Dennis

Father's Name Isaac Griffin Father's Birthplace Md

Mother's Maiden Name Mother's Birthplace

Name of person giving information Minnie Brittingham How related to deceased Siblings

CAUSES OF DEATH

Primary Old age How long

Immediate Arteriosclerosis & heart. (79) How long 3 mos

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Ebe Holland

Address Berkey Rd

Accident or Suicide?

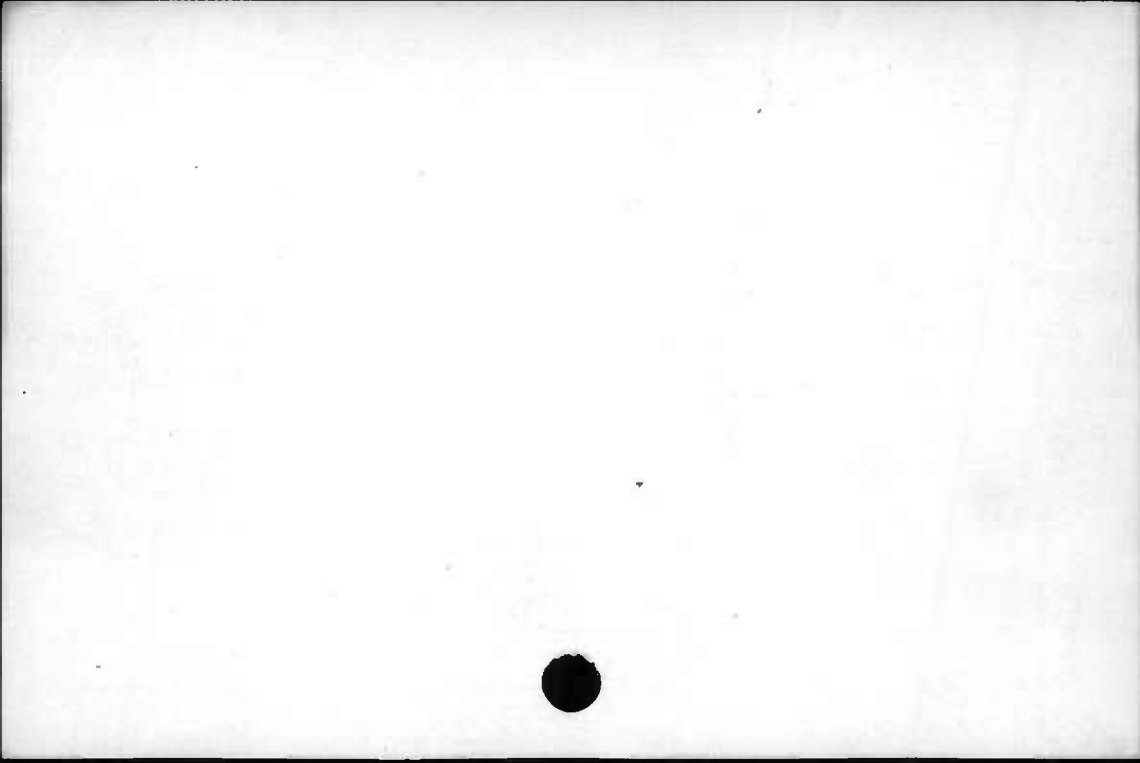
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Mrs Lillian Farlow				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Taylor Hill	County Monroe		MARYLAND	
	Date of death	1904	Month March	Day 27	Age 57 1/2	Months	Days
	Sex	Female		Color or Race	white		Birthplace
	Occupation	Domestic		Where Residing if not at place of death		Maryland	
	Married, Single or Widowed	Single		Name of Wife or Husband	Lillian May Farlow		
	Father's Name	Phenry Adkins		Father's Birthplace	Maryland		
	Mother's Maiden Name	— — — — —		Mother's Birthplace	— — — — —		
Name of person giving information	Leroy Russell		How related to deceased		none		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long		64		
	Immediate		Cerebral Hemorrhage		about a hour		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		C. W. Dirickson		
			Address		Berlin Md		
	Accident or Suicide?						

Is action being taken
N.C.

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Snow Hill</i>		Town <i>Throckm</i>		County
	Date of death <i>1906</i>		Month <i>March</i>	Day <i>11th</i>	Years <i>72</i>
	Sex <i>Male</i>	Color of Person <i>Black</i>	Birth-place <i>Ind.</i>		Months <i>—</i>
	Occupation <i>Farmer</i>		Where Residing if not at place of death <i>near Snow Hill Ind.</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Carrie Hearman</i>			
	Father's Name <i>Levin Hearman</i>	Father's Birthplace <i>Ind.</i>			
	Mother's Maiden Name <i>Bitsey Hearman</i>	Mother's Birthplace <i>Ind.</i>			
	Name of person giving information <i>Charles H. Spencer</i>	How related to deceased <i>none</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Albuminous Nephritis</i>		How long	<i>about 10 months</i>
	Immediate	<i>Cardiac failure</i>		How long	<i>about 3 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John S. Giddens</i>		
			Address <i>Snow Hill Ind.</i>		
	Accident or Suicide?				



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Pocomoke City</i>		Town <i>Pocomoke</i>		County <i>Maria</i>	
	Date of death <i>1906</i>		Month <i>Feb</i>	Day <i>13</i>	Age <i>50</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pocomoke City</i>	
	Occupation <i>Blacksmith</i>		Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ila J Hayman</i>				
	Father's Name <i>James Hayman</i>		Father's Birthplace <i>Don't know</i>			
	Mother's Maiden Name <i>Emily Parker</i>		Mother's Birthplace <i>Don't know</i>			
	Name of person giving information		How related to deceased			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		How long <i>14 Days</i>		<i>(93)</i>	
	Immediate <i>"</i>		How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. Lee Hale</i>			
			Address <i>Pocomoke City, Md</i>			
	Accident or Suicide?					



Name
in
Full

John T. Hope

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beane Dam</i>		County <i>Monrovia</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>21</i>	Age <i>57</i>	Years	Months
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ta</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Margaret H. Hope</i>				
Father's Name <i>George P. & Hope</i>	Father's Birthplace <i>Ta</i>				
Mother's Maiden Name <i>Laura Messels</i>	Mother's Birthplace <i>Ta</i>				
Name of person giving information <i>Margaret H. Hope</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac insufficiency</i>	How long <i>79</i>	Do not know
Immediate <i>Sudden collapse</i>	How long <i>5 minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Wilson M. D.</i>	
	Address <i>Pocomoke City</i>	
Accident or Suicide? <i>-</i>		



Name
in
Full

CERTIFICATE OF DEATH

James Hudson 3/23/XXIV

Town

County

MARYLAND

Died at

Newark

Worcester

Date

Month

Day

Years

Months

Days

of death

1906 3

13

Age *Don't know*

Sex

Female

Color or
Race

Blk

Birth-
place

Ind

Occupation

House Wife

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Bert Hudson

Father's
Name

[Blank]

Father's
Birthplace

Ind

Mother's
Maiden Name

[Blank]

Mother's
Birthplace

"

Name of person giving
In formation

John Stuyvis

How related
to deceased

None

CAUSES OF DEATH

Primary

General Debility - (154)

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Had none

Address

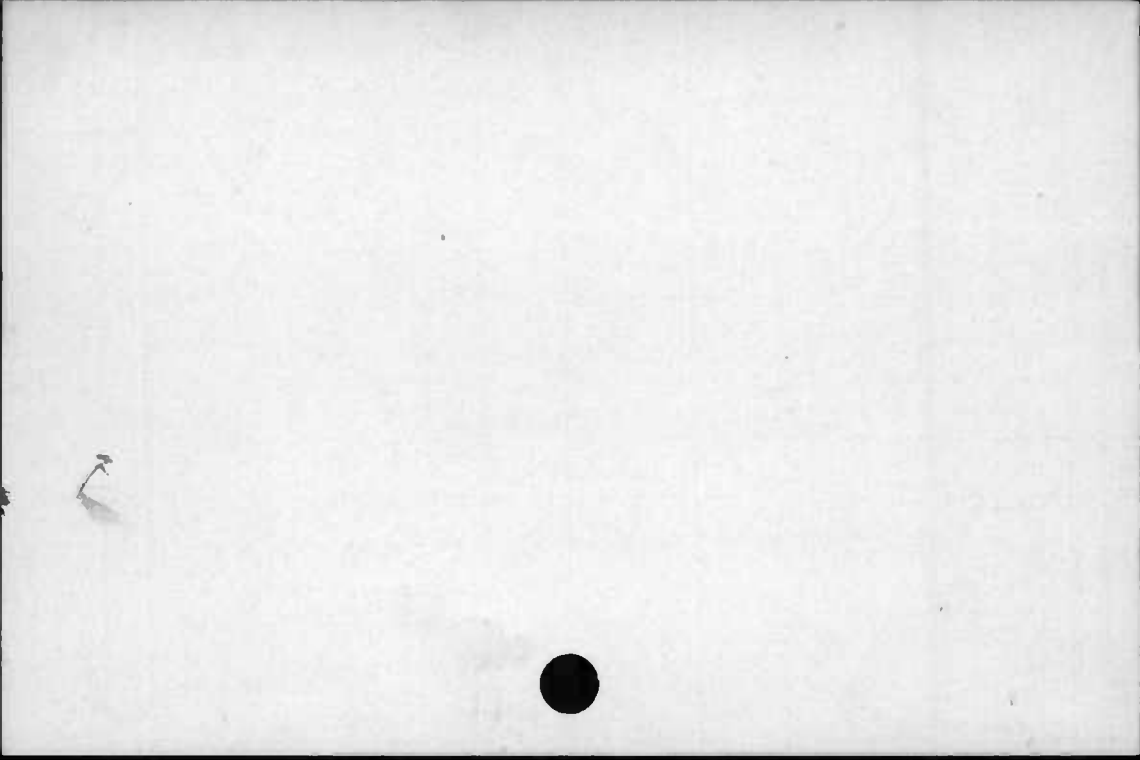
John Stuyvis

Newark Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

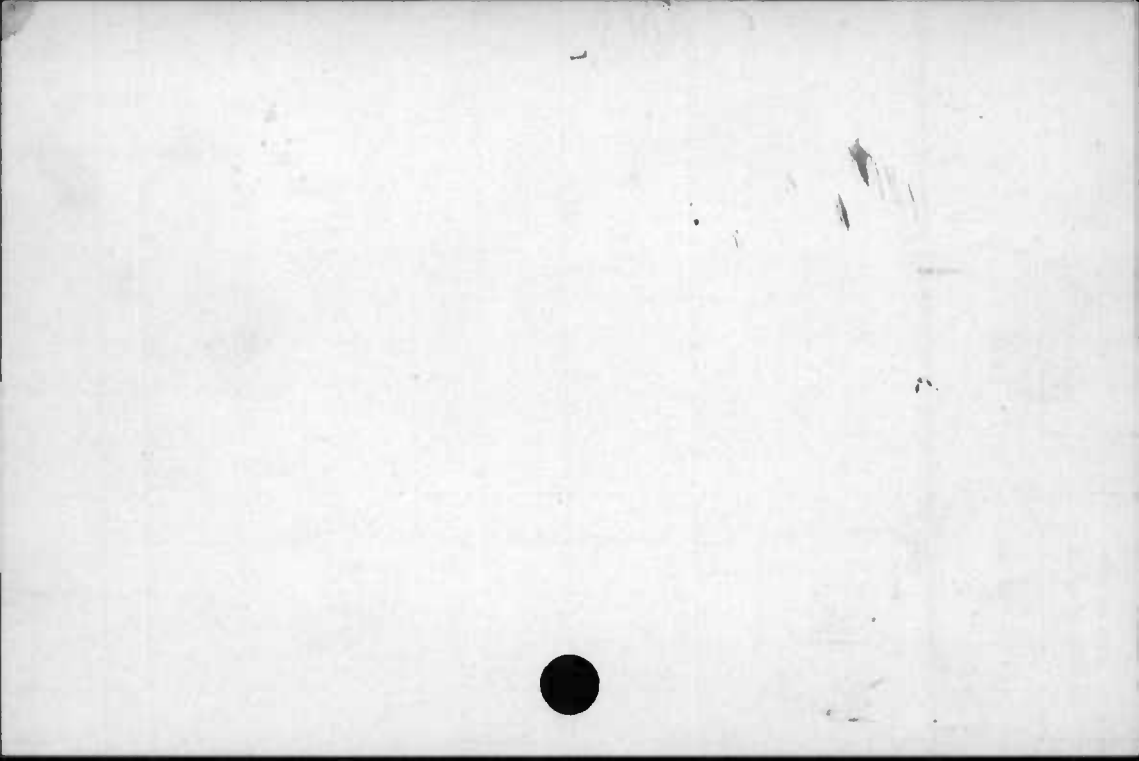
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berlin</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 190	<i>6</i> ^{Month}	<i>3</i> ^{Day}	Age <i>16</i> ^{Years}	<i>11</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth- place <i>M. Berlin</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Isaac Harmon</i>	Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Lavinia Harmon</i>	How related to deceased <i>Father</i>				
Name of person giving Information <i>Isaac Harmon</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronch Pneumonia</i>	How long <i>Two weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. A. Driskam</i>
	Address <i>Berlin Ind</i>
Accident or Suicide?	



Name in Full		Elmer Herbert Jones				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Snowhill		County Harris		MARYLAND		
	Date of death	1906	Month June	Day 16	Age —	Months —	Days 12	
	Sex	Male		Color or Race	Colored		Birth- place	Snowhill Md
	Occupation	—			Where Residing if not at place of death			Snowhill
	Married, Single or Widowed	Single		Name of Wife or Husband				—
	Father's Name	William H Jones				Father's Birthplace	Worcester County Md	
	Mother's Maiden Name	Florence Jones				Mother's Birthplace	Worcester Co Md	
Name of person giving In formation	Annie A Criffling				How related to deceased	none		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Broncho Pneumonia				How long	three days	
	Immediate					How long	three days	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	W. R. Ellis	
	Address	[Redacted]						
Accident or Suicide?		no						



Name
in
Full

CERTIFICATE OF DEATH

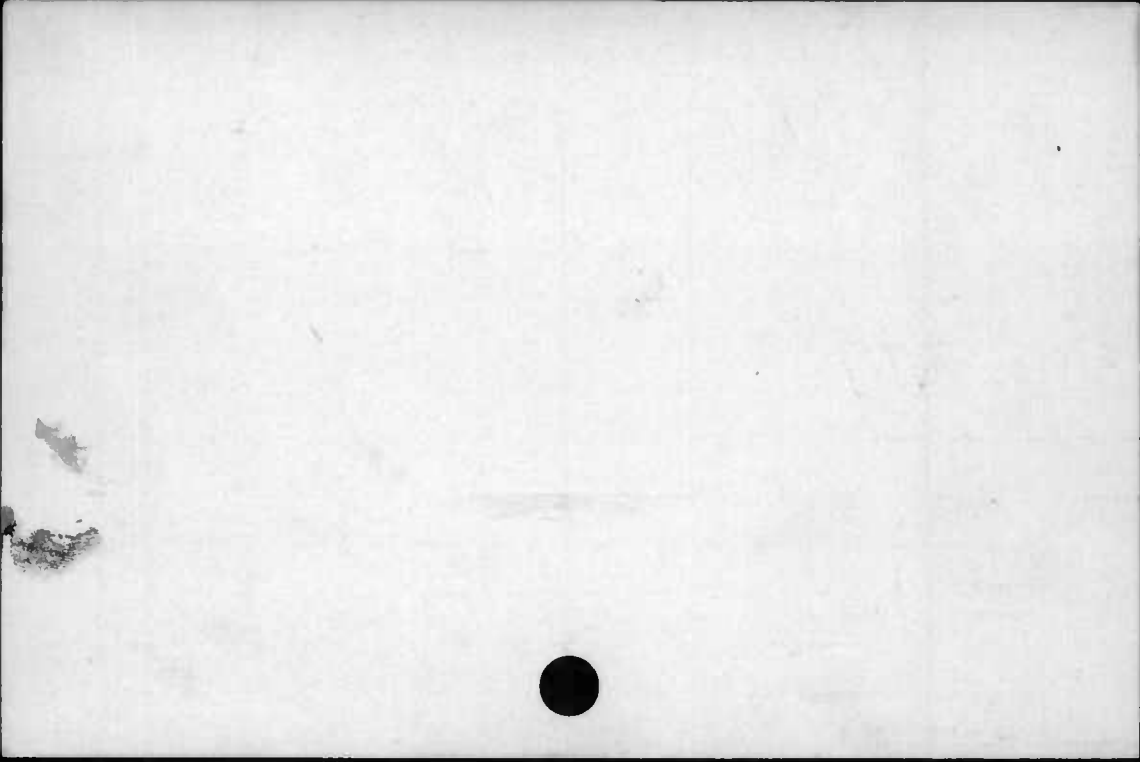
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Charles Marrey child		County		MARYLAND	
Died at		Taylorsville		County		MARYLAND	
Date of death		1906	Month	March	Day	20	Age
Sex		Female		Color or Race		white	
Occupation				Where Residing if not at place of death		Maybloss	
Maid, Single or Widowed				Name of Wife or Husband			
Father's Name		Charles Marrey		Father's Birthplace		Maybloss	
Mother's Maiden Name		Abigail Guillen		Mother's Birthplace		Maybloss	
Name of person giving information		L. W. Guillen		How related to deceased		uncle	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate	Tubercular Meningitis.	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. H. Keoller, D.	
Address		Barber, W. H.	
Accident or Suicide?			



Name
in
Full

Robert McCabe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neen Bishopsville</i>		County <i>Worcester</i>		MARYLAND	
Date of death 1906	Month <i>Mar</i>	Day <i>2</i>	Years <i>60</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Married</i>			Occupation <i>Buyer</i>		
Name of Wife or Husband <i>Mary J McCabe</i>					
Father's Name <i>John McCabe</i>				Father's Birthplace	
Mother's Maiden Name <i>Not known</i>				Mother's Birthplace	
Name of person giving information <i>Eliza Law</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer</i>	How long	<i>45</i>
Immediate	<i>11</i>	How long	<i>Two years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. R. Collins</i>	
<i>Neen Bishopsville</i>		Address <i>Bishopville Md</i>	
Accident or Suicide? <i>No</i>			

2



Name in Full

Certificate of Death

Randal

Town

Autun

County

Died at Snow Hill Worcester

MARYLAND

Date 1906	Month Mar	Day 18	Y. 2	M. 9	D.	Native of Ind	Occupation
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

4 Mo

Death

Immediate

Accident, Suicide, Homicide

Reported by

Paul Jones

Address

Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u>		Town		<u>Worcester</u>		County	
Date of death <u>1906</u>		Month <u>March</u>		Day <u>26</u>		Years <u>78</u>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Ind</u>		Months <u>10</u>	
Occupation <u>none</u>		Where Residing if not at place of death				Days <u>18</u>	
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband					
Father's Name <u>Chas Parker</u>		Father's Birthplace				<input checked="" type="checkbox"/>	
Mother's Maiden Name <u>✓</u>		Mother's Birthplace				<input checked="" type="checkbox"/>	
Name of person giving information <u>Mrs M. P. Shortt</u>		How related to deceased <u>daughter</u>					

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary	<u>Enlarged Prostate</u>	How long	<u>1 yr</u>
Immediate	<u>Cystitis & Uremia</u>	How long	<u>7 weeks.</u>
Are the name, age, sex, color, date and place correctly given above?		yes <u>✓</u>	
Signature of Physician		<u>W. D. Strongman, M.D.</u>	
Address		<u>Snow Hill. Ind.</u>	
Accident or Suicide?		<u>✓</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar</i> ^{Town} <i>Stocketts</i> ^{County} <i>Winchester</i>		MARYLAND	
Date of death <i>1906</i> ^{Month} <i>March</i> ^{Day} <i>22</i> ^{Years} <i>76</i>	^{Months}		^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i> Md</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Bessie Payne</i>		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	(29)		How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. D. Dickerson</i>
	Address <i>Stocketts Md.</i>
	<i>Winchester Co</i>
Accident or Suicide?	



Name
in
Full

Thomas P. Price

CERTIFICATE OF DEATH

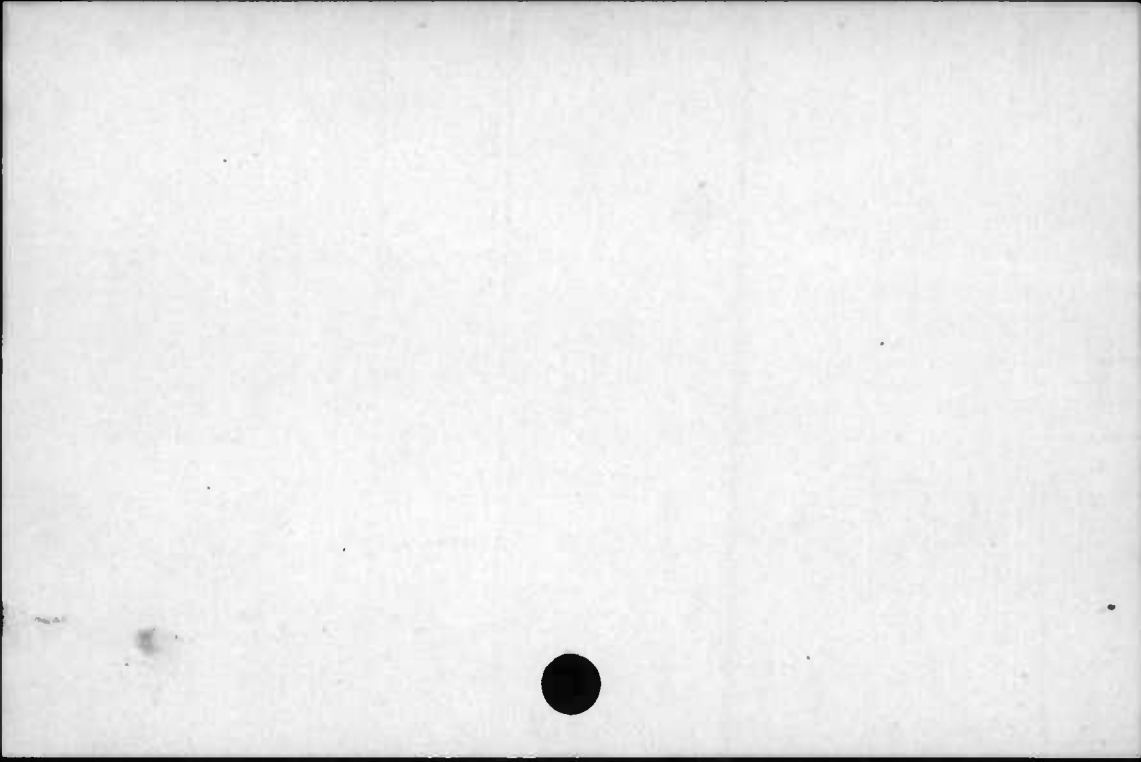
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stockton</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	1906	Month	July	Day	16
Age	44 49	Years	9	Months	28
Sex	Male	Color or Race	White	Birth-place	W.I. N.I.
Occupation	Oyster man	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Louise A. Bayville		
Father's Name	Eidem B Price			Father's Birthplace	N.I.
Mother's Maiden Name	Anna C Adams			Mother's Birthplace	N.I.
Name of person giving information	W. H. Price			How related to deceased	Bro.

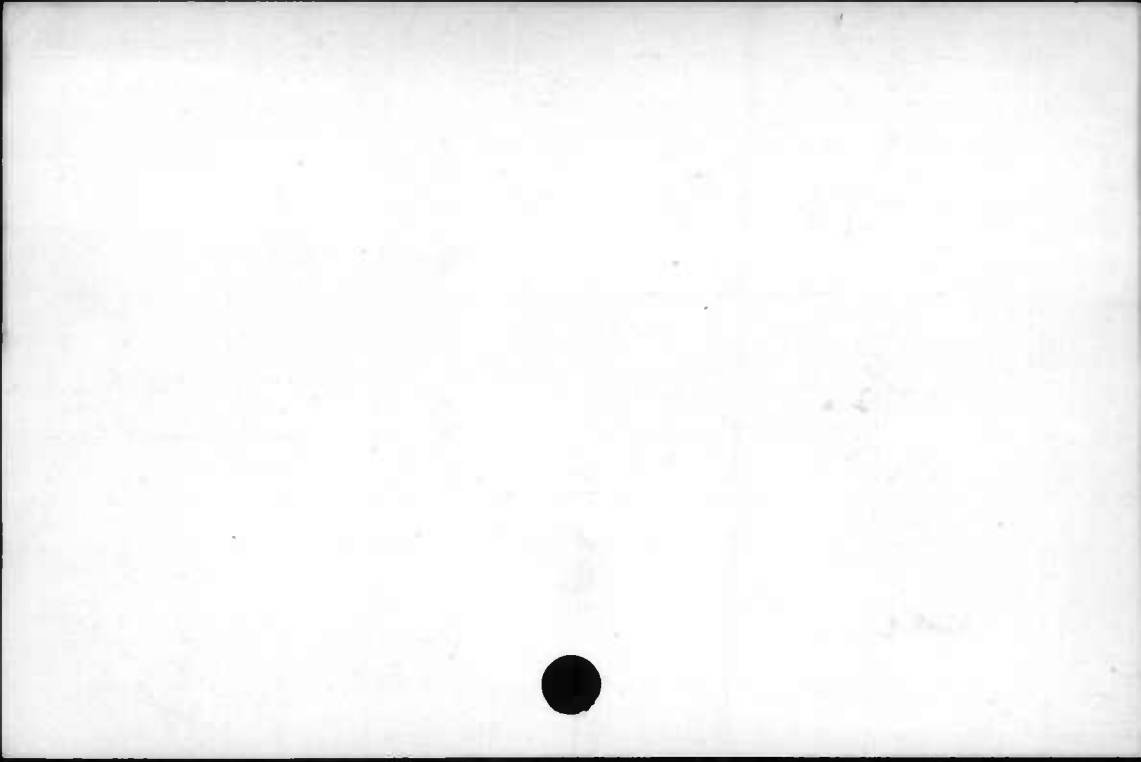
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia	How long	10 days
Immediate	Pulmonary Gangrene	How long	5 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. D. Dickerson	
Address		Stockton Md. Worcester Co.	
Accident or Suicide?			



Name in Full		Infant - Richardson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Mar Berlin</i>		County <i>Worcester</i>		MARYLAND	
		Date of death <i>1906</i>	Month <i>3</i>	Day <i>31</i>	Years <i>—</i>	Months <i>1</i>	Days <i>—</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name <i>John Richardson</i>		Father's Birthplace <i>Ind</i>			
		Mother's Maiden Name <i>Miss Freeman</i>		Mother's Birthplace <i>Ind</i>			
		Name of person giving information <i>Hilary Doroney</i>		How related to deceased <i>Wife</i>			
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Cold</i>		How long			
		Immediate <i>Pneumonia</i>		How long <i>4 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>The Hobbs & Co</i>			
				Address <i>Berlin Ind,</i>			
		Accident or Suicide?					



Name
in
Full

Martha E. Redden

CERTIFICATE OF DEATH

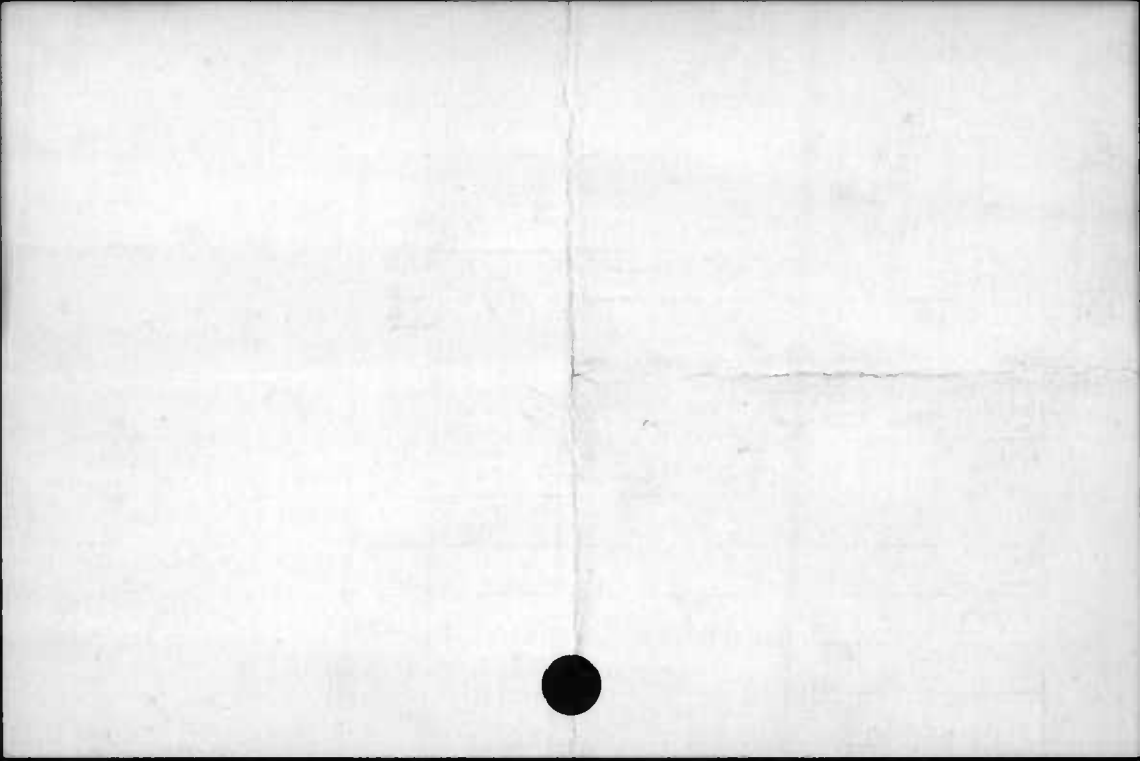
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Snow Hill		County Worcester		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1906	June	21	50	-	-	
Sex	Female		Color or Race	Colored		Birth-place	Ind
Occupation	House Wife			Where Residing If not at place of death			Ind
Married, Single or Widowed	Married		Name of or Husband	B. E. Redden			
Father's Name	Levin Martin				Father's Birthplace	Ind	
Mother's Maiden Name	Amanda C. Jones				Mother's Birthplace	Ind	
Name of person giving information	Amanda C. Jones				How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Gastritis	How long	12 months
Immediate	Anaemia	How long	8 months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. Leach M.D.	
Address		Snow Hill Md.	
Accident or Suicide?			



Name
in
Full

Susan Robinson

CERTIFICATE OF DEATH

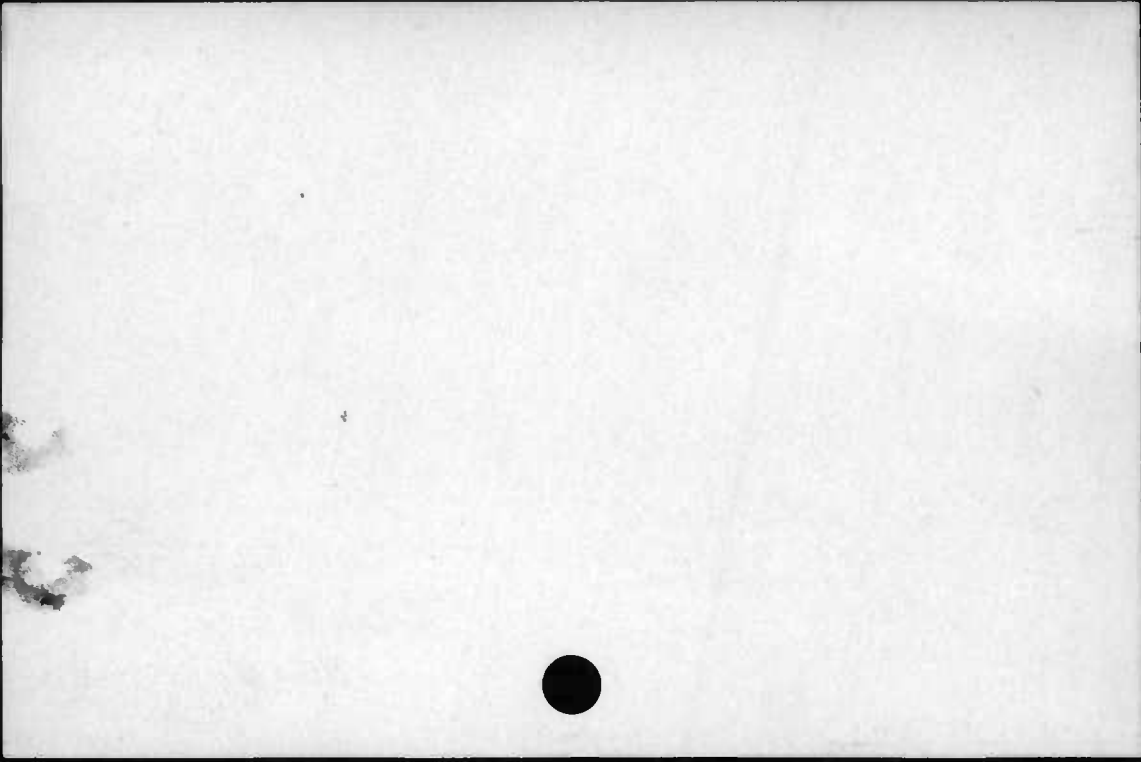
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Stockton</u> <small>Town</small>		<u>Monroeville</u> <small>County</small>		MARYLAND		
Date of death <u>1906</u>	Month <u>3</u>	Day <u>24</u>	Age <u>58</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Virginia</u>			
Occupation <u>mm</u>	Where Residing if not at place of death <u>md</u>					
Married Single or Widowed	Name of Wife or Husband <u>John Colony</u> 179					
Father's Name <u>John Colony</u>	Father's Birthplace <u>Virginia</u>					
Mother's Maiden Name <u>Elizabeth</u>	Mother's Birthplace <u>"</u>					
Name of person giving information <u>Levin P. Robinson</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart failure</u>	How long <u>12 Hours</u>
Immediate <u>Heart failure</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Levin P. Robinson</u>
	Address <u>"</u>
Accident or Suicide?	



Name
in
Full

Blanch Linnack

CERTIFICATE OF DEATH

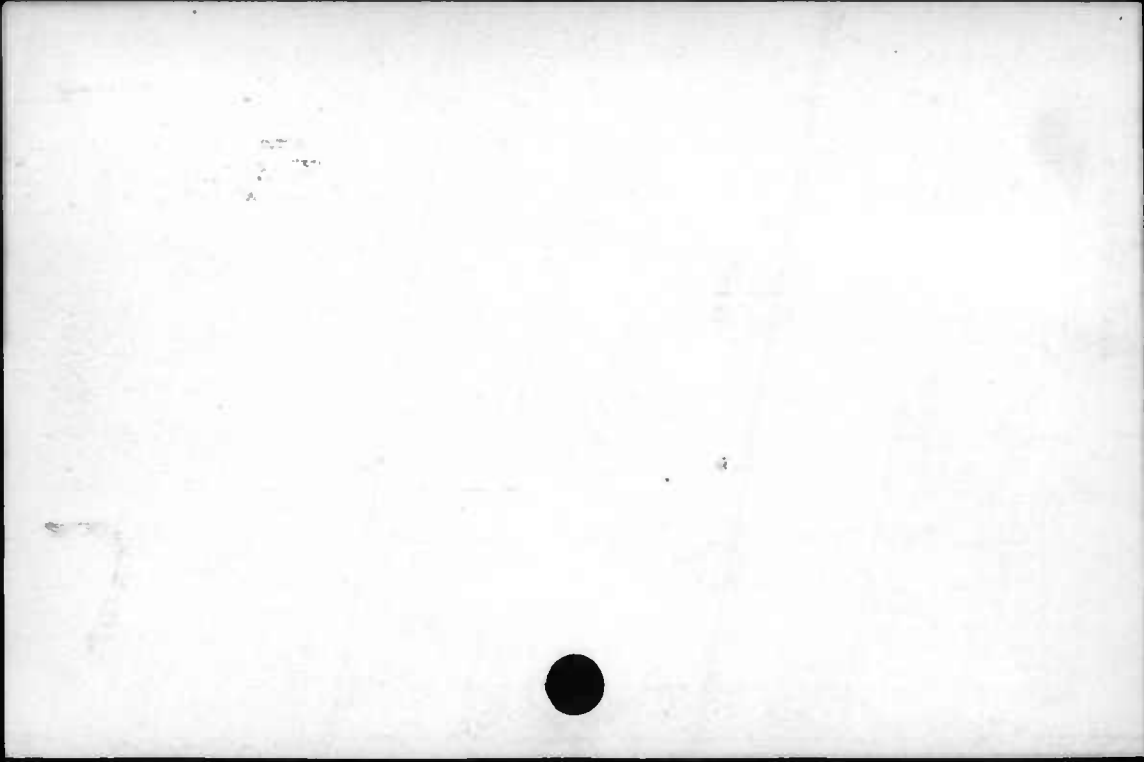
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> Town		County <u>Worcester</u>		MARYLAND	
Date of death	1906	Month <u>March</u>	Day <u>8</u>	Age <u>—</u> Years	Months <u>8</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Maytown</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>George Linnack</u>		Father's Birthplace <u>Maytown</u>			
Mother's Maiden Name <u>Lucern Dennis</u>		Mother's Birthplace <u>Maytown</u>			
Name of person giving information <u>Gerry Linnack</u>		How related to deceased <u>—</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>2 weeks</u>
Immediate <u>Laryngeal edema</u>	How long <u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>C. W. Druehlman</u>
	Address <u>Berlin Md</u>
Accident or Suicide?	



Name
in
Full

Dane Scott

CERTIFICATE OF DEATH

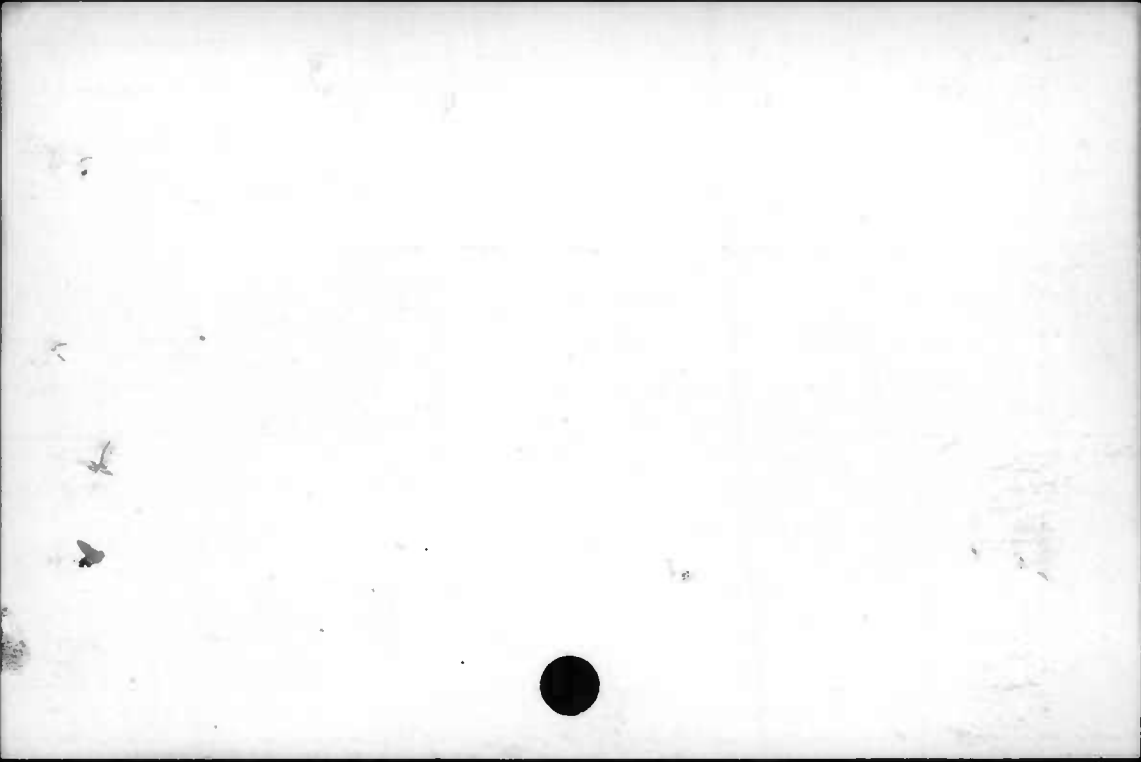
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Martins</u> Town		<u>innisw</u> County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1904	March	29	82	—	—
Sex	Color or Race		Birth-place		
Female	White		Maryland		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
			John Scott		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		
Charles Dennis			no		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>old age</u>	How long	<u>(66)</u>
Immediate	<u>Paralysis</u>	How long	<u>12 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. E. Kaden	
		Address	
		Baltimore	
Accident or Suicide?			
		Ind	



Name
in
Full

Hans John H. Smith

CERTIFICATE OF DEATH

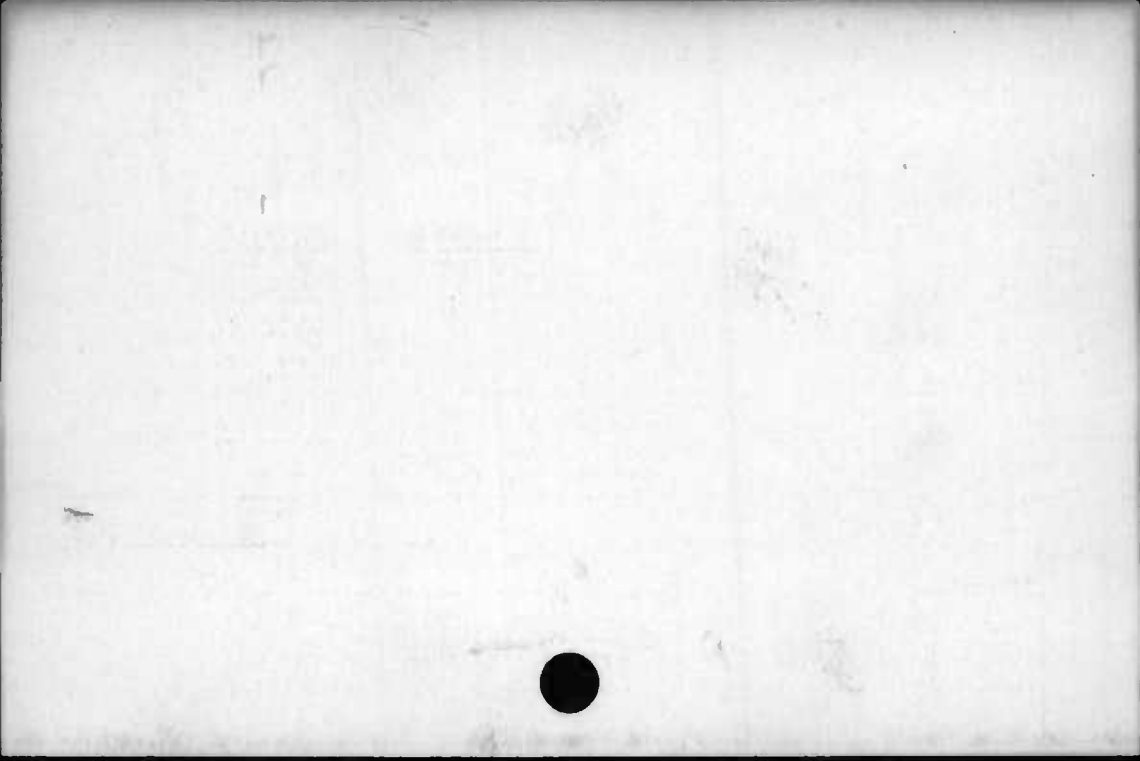
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	1906	Month	3	Day	23
Age		Years	71	Months	
Sex	Male	Color or Race	White	Birth-place	Id
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Widower		Name of Wife or Husband		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	J. E. Wise			How related to deceased	
None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	3 days.
Immediate	Exhaustion.	How long	...
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Gadok. P. Henry	
Address		Berlin. Maryland	
Accident or Suicide?			



Name in Full		Robert Sturgis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Snow Hill		County Worcester		STATE MARYLAND
	Date of death		Month 1906 March	Day 12	Years Age 19	Months 7	Days
	Sex Male		Color or Race Colored		Birth-place Snow Hill, Md		
	Occupation Laborer		Where Residing if not at place of death — Snow Hill, Md				
	Married, Single or Widowed Single		Name of Wife or Husband — not married				
	Father's Name Charles Sturgis		Father's Birthplace Snow Hill, Md				
	Mother's Maiden Name Zenie Duffield		Mother's Birthplace Snow Hill, Md				
Name of person giving information Zenie Sturgis		How related to deceased Mother					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tuberculosis of lung (22)			How long Six months	
	Immediate		" "			How long " "	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician John L. Riley MD		
					Address Snow Hill Maryland		
Accident or Suicide?							

